

## PART I ISSUE FEE TRANSMITTAL

Complete and mail this form, together with applicable fees, to:

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Washington, D.C. 20231

AUG 06 2001

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

022918 HM32/0507  
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350 CAMBRIDGE AVENUE SUITE 250  
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Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

## Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Lynnea B. Anderson (Depositor's name)

Lynnea B. Anderson (Signature)

August 1, 2001 (Date)

| APPLICATION NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART. UNIT | DATE MAILED |
|-----------------|-------------|--------------|------------------------------|-------------|
| 09/280,270      | 03/29/99    | 008 LU, F    | 1655                         | 05/07/01    |

Named Applicant: MACEVICZ, 35 USC 154(b) term ext. = 0 Days.

DNA SEQUENCING BY PARALLEL OLIGONUCLEOTIDE EXTENSIONS

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEE DUE   | DATE DUE |
|-------------------|----------------|-----------|-------------|--------------|-----------|----------|
| 5525-0015.21      | 435-006.000    | F95       | UTILITY     | NO           | \$1240.00 | 08/07/01 |

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Stephen C. Macevicz

2 Vincent M. Powers

3 LeeAnn Gorthey

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type). PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Lynx Therapeutics, Inc.

(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY)

Hayward, California, U.S.A.

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

- ☐ Issue Fee  
☐ Advance Order - # of Copies

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THE COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

Authorized Signature

LeeAnn Gorthey

(Date)

7-31-01

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01 FC:142 1240.00 CH  
02 FC:1561 39.00 CH

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